

practic Bill. Moved by S. K. Morrison, seconded by D. A. Turner, that this communication be placed at the hands of the Judiciary Committee and their action accepted as the will of the Association.

D. A. Turner moved that the Association favor and work for a federal hospital to be located in Reno, seconded by R. A. Bowdle. Carried.

T. W. Bath moved that the secretary write to each one of the essayists thanking them for their participation in the program and, also, that all those who are not now honorary members of this Association be allowed as such; seconded by D. A. Turner and carried.

T. W. Bath moved that the Association pledge a donation of \$50 to the Florida sufferers, the donation to be raised by popular subscription among our members; seconded by J. T. Rees. Carried.

The following contributed to this fund: Richardson, Craig, Riley, Bowdle, Bath, Rees, Turner, A. J. Hood, Roantree, Secor, and Brown.

The chairman on necrology being absent, it was moved by R. A. Bowdle, seconded by R. H. Richardson, that the committee be instructed to prepare resolutions of respect and memorial for J. E. Pickard and A. P. Lewis, both of whom have died during the year.

There being no further business to come before the Association, the meeting was adjourned *sine die* at 5:25 p. m.

Prevention of Rickets in Premature Infants—Henry J. Gerstenberger and John D. Nourse, Cleveland (Journal A. M. A.), relate their experience with attempts to prevent the occurrence of rickets in premature infants by feeding them with S. M. A. mixtures. Seventeen premature infants were treated. The most common mixtures used were the following: (a) Double Strength S. M. A. (or Concentrated Liquid S. M. A.), 2 parts; boiled water, 1 part, and boiled skim milk, 1 part. This mixture has an approximate composition of: protein, 2.1 per cent; fat, 3.6 per cent; lactose, 8.6 per cent, and ash, .44 per cent. The cod liver oil content on the average is 3.5 cc. per liter. (b) Protein S. M. A., which is an acid milk (lactic and citric), having an approximate analysis of: protein, 3.5 per cent; fat, 2.2 per cent; lactose, 2.8 per cent; ash, 0.6 per cent, and acidity, pH 4.6. The cod liver oil content on the average is 2.2 cc. per liter. The citric acid is put in the milk in the form of lemon juice, 20 cc. to the liter, and the lactic acid is produced by bacterial fermentation. It is evident from the results obtained by the authors that rickets can be prevented and cured in premature infants. The amount of cod liver oil required is small, as 3.5 cc. per liter of S. M. A. or S. M. A. skim milk mixtures prevented rickets in every case, and 2.2 cc. of cod liver oil per liter of Protein S. M. A. was effective in five out of seven cases. The two that developed rickets on this combination lost it on the same mixture even though they continued to gain in weight, but at a somewhat slower speed. The average daily intake of cod liver oil for the group was 1.76 cc. It was observed that the daily intake of 8 cc. of cod liver oil for one week produced healing rickets in seven weeks and a completely calcified bone in nine, showing again the small amount of cod liver oil required to initiate and for some time to keep in action the calcification process. In preventing rickets in premature infants, cod liver oil should be administered as soon as food is consumed. Excessively rapid and great gain in weight should not be encouraged. The food should contain a higher mineral and protein content than does human milk, and it is suggested that if human milk is used it be supplemented with boiled skim milk.

As a people, we Americans are extremists. Everything we do is exalted to the nth power. Every time we let loose the wonderful energy, enthusiasm, and vitality of our relatively young nation, we indulge in an emotional episode. We orate, investigate, and legislate. We run the gamut of publicity; we exhibit and prohibit; we announce and denounce; we revel in velocity and strenuousness; as a nation we live on excitement.—Nation's Health.

To the longer life and the worse, the shorter life, if it is better, ought by all means to be preferred.—Epictetus.

READERS' FORUM

San Francisco, November 12, 1926.

Dear Editor—In the last issue of the Journal, I see that the editorial as well as the "Month with the Editor" are not in favor with the public health insurance system in England. You are quoting also that a group of English physicians formed an alliance against the whole system. Yet to my information it came that the "Royal Commission of England" had a panel system at a public trial at the end of last year or beginning of this year, and as far as I know there was *not* a man or a group of men who came out publicly against the system.

Also all the notes of the last issue are having an outlook purely from a physician's standpoint of view. I believe if we physicians are to be the keepers of the health of the public, we have to have an outlook also from the public standpoint.

We must not forget that about half of our adult population is suffering from venereal diseases alone, and that about 75 per cent of our women are operated for the correction of pathology of the above-mentioned disease.

This question of public health insurance is to be studied—and studied again.

We must not forget that the physicians in England were never asked whether they would approve the panel system or not. They just simply passed the law and the physicians had to make the best of it.

Perhaps it would be good for us to benefit by other peoples' experiences and look into the matter carefully.

Trusting and hoping that none will be offended by these few remarks, I am sincerely always at the service of the Journal.

B. S. HERMAN, M. D.

San Diego, November 12, 1926.

Dear Editor—You have been kind enough to make mention of our lectures in a previous issue of CALIFORNIA AND WESTERN MEDICINE, but it is now necessary that we make some change, as the schedule has changed. Dr. William McKim Marriott, dean of Washington University Medical School, will give the lectures in San Diego during the month of January, instead of Dr. Philip Shaffer, who is ill.

Doctor Marriott's subjects are going to include diabetes, acidosis, alkalosis, toxemia of pregnancy, the chemical changes in the body during intestinal obstruction and rational therapy for the same, the respiratory exchange and certain aspects of diseases of the heart. The subjects are all going to be built up upon the phenomena of the chemical changes in the body in these various clinical states.

I am asking that you give this publicity, for the reason that Doctor Marriott is so well known and comes out to this section of the country so seldom that it is probable that a great many men from Los Angeles and San Francisco would like to have word in advance about the lectures. All out-of-town doctors are invited to come to San Diego and attend the lectures. If you would ask your assistant editor to give this some prominent place in your next edition of the Journal, I would appreciate it very much.

DAVID R. HIGBEE, M. D.

San Diego, November 8, 1926.

Dear Doctor Musgrave—Your article in the A. M. A. Bulletin, "Saving the Expectant Mother," I trust will meet with the hearty approval and nation-wide co-operation that it so manifestly deserves. This all-important measure is presented so succinctly that we would hope to enlist your good offices in another chapter on this same subject. I refer to the general health, vigor and preservation of the mothers and would-be mothers of our future progeny. Any impairment here, it is needless to say, spells lack of physical, mental and moral stamina, and this among those upon whom we must largely depend for our future national supremacy.

To bring this home to our profession, first we must consider that less than one in fifty (yes, much less) obstet-